

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577119

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1						52						
3	2						53						
4							54						
5	2	1					55						
6	1	1					56						
7		1					57						
8	1	1					58						
9	1	1					59						
10	1	1					60						
11	1	1					61						
12	1	1					62						
13	1	1					63						
14	1	1					64						
15	1	1					65						
16	1	1					66						
17	1	1					67						
18	1	1					68						
19	1	1					69						
20	1	1					70						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	20						TOTAL DEP.						
TOTAL CLAIMS	22						TOTAL CLAIMS						